## Redemption by Mail Form

your account.



Complete this form to redeem all or a portion of account shares. If redeeming due to death, a separate form must be completed by each surviving owner or Transfer on Death ("TOD") Beneficiary.

If any of the shares you are redeeming are represented by share certificates, the certificates must be returned. For your protection, we recommend that you send the **unsigned** certificates with this form by registered or certified mail to the overnight delivery address listed in Section 6.

Please complete all applicable fields using blue or black ink, and print clearly in capital letters.

1. Account Information				
Account 1				
Full Account Number				
Enter the registration as it ap	pears on the statement.			
Redemption Instructions	:			
Please choose "All" to red	deem all shares, or enter a percent	tage, dollar, or share amou	ınt for each f	und you wish to redeem.
1			\$ □ Shares	
L Fund Name <b>or</b> Fund Number	r			Enter %, \$, or Share Amount
			\$ □ Shares	T I
Fund Name <b>or</b> Fund Number	r			Enter %, \$, or Share Amount
Fund Name <b>or</b> Fund Number	г		<b>.</b> – 0	Enter %, \$, or Share Amount
Fund Name <b>or</b> Fund Number	r			Enter %, \$, or Share Amount
☐ Check to the instructi  Make the check payal		on ACH instructions alrea	dy establish	ed on this account.
☐ All owners named i☐ Surviving Owner				ı
	Name of Surviving Owner			
☐ TOD Beneficiary				
_ TOD belieficially				
•	Name of TOD Beneficiary			
☐ Estate	Name of TOD Beneficiary			
□ Estate				
•	Name of TOD Beneficiary  Name of Estate			
□ Estate	Name of TOD Beneficiary			
☐ Estate	Name of TOD Beneficiary  Name of Estate			
☐ Estate	Name of TOD Beneficiary  Name of Estate  Name of Trust			
☐ Estate ☐ Trust ☐ Other	Name of TOD Beneficiary  Name of Estate  Name of Trust  Please specify			
☐ Estate ☐ Trust ☐ Other  Mail the check to: ☐ The address of reco	Name of TOD Beneficiary  Name of Estate  Name of Trust  Please specify  ord for the account.			
☐ Estate ☐ Trust ☐ Other  Mail the check to:	Name of TOD Beneficiary  Name of Estate  Name of Trust  Please specify  ord for the account.			

Form Continues on Next Page 1 of 4

Note: If checks remain uncashed for 180 days, future dividends and capital gains will not be distributed, but will be reinvested into

1. Account Information	(continued)				
Account 2					
Full Account Number					
Enter the registration as it ap	opears on the statement.				
Redemption Instructions					
•	deem all shares, or enter a percentage,	dollar, or sha	are amo	unt for each f	und you wish to redeem.
I	, , ,			\$ ☐ Shares	
Fund Name <b>or</b> Fund Numbe	r		_ ~ _	Ψ □ Ondres	Enter %, \$, or Share Amount
			□% □	\$ ☐ Shares	
Fund Name <b>or</b> Fund Number		_			Enter %, \$, or Share Amount
			□% □	\$ ☐ Shares	
Fund Name <b>or</b> Fund Numbe	r	_			Enter %, \$, or Share Amount
			□% □	\$ ☐ Shares	
Fund Name <b>or</b> Fund Numbe	r				Enter %, \$, or Share Amount
Send the redemption by	·:				
<ul><li>☐ Automated Clearing</li><li>☐ Check to the instruct</li></ul>	House (ACH) to my bank based on AGions noted below:	CH instructio	ons alre	ady establish	ed on this account.
Make the check paya	ble to:				
<ul><li>☐ All owners named</li><li>☐ Surviving Owner</li></ul>	in the registration				
☐ TOD Beneficiary	Name of Surviving Owner				
□ Estate	Name of TOD Beneficiary				
☐ Trust	Name of Estate				
□ Other	Name of Trust				
	Please specify				
Mail the check to:					
☐ The address of rec	ord for the account.				
☐ The following addr	ress:				
Street Address		City			State Zip Code
Note: If checks remain un	cashed for 180 days, future dividends a	and capital ga	ains will	not be distrib	•
your account.	, ,	1 3			,
2. Redemption Due to I	Death				
		1			
if you are redeeming the a	account due to death of a registered ov 	wner, piease	provide 	: 	
Name of Deceased Owner	D	ate of Death			
	1.1	$\Box$			
Name of Deceased Owner	D	ate of Death			
Also attach the following	document(s) if applicable:				
	it originally certified and dated within 6	0 days.			
	; if required by the decedent's state of i				
<ul> <li>Additional documenta</li> </ul>	•				

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3.	Cost Basis A	Account El	ection l	viethods

	ring methods listed below. If no standing order is elected or if no instructions are received basis method of Average Cost (ACST) will be applied. ACST controls the selection of shares as the loss or gain on the redemption.
☐ Average Cost (ACST)	□ Low Cost First Out (LOFO)
☐ First In First Out (FIFO)	☐ Loss Gain Utilization (LGUT) <sup>+</sup>
<ul><li>□ Last In First Out (LIFO)</li><li>□ High Cost First Out (HIFO)</li></ul>	☐ Specific Lot Identification (SLID)  If electing SLID, please choose a secondary method:
<b>g</b>	Note: Average Cost cannot be chosen as a secondary cost basis account method.
Internal Revenue Service regulations require shares beginning January 1, 2012.	e mutual funds that produce tax Form 1099-B to report cost basis information on covered
This is a general interpretation of the tax investment professional.	laws. Specific questions about your situation can be directed to your tax or
<sup>†</sup> Loss Gain Utilization will decrement lots ta long-term lots. For gain, long-term lots will	king losses first. For lots that yield a loss, short-term lots will be redeemed ahead of be redeemed ahead of short-term lots.
4. Required Signature(s) for Tax Identific	ation Number Certification
Please provide the estate's or trust's Tax Iden	tification Number (TIN) or the Social Security Number (SSN) for the recipient of the proceed
or SSN are subject to backup withholding un of taxable distributions. To prevent backup the proceeds completes this section to certi	cording to federal income tax laws, accounts that do not have a correct and certified TIN der which the Federated Hermes Funds or their transfer agent must withhold a percentage withholding, the Executor, Administrator, Personal Representative or other recipient of fy that the number is correct. If the signer is the Executor, Administrator, Guardian, Legal be included with the signature or the redemption will not be processed.
Under penalty of perjury, I certify that:	
1. The TIN shown below is correct, (or I am	waiting for a number to be issued to me), and
the Internal Revenue Service (IRS) that it	ding because (a) it is exempt from backup withholding, or (b) it has not been notified by is subject to backup withholding as a result of failure to report all interests or dividends, or it is no longer subject to backup withholding, and
3. Each owner of the account is a U.S. pers	on (including a U.S. resident alien).
Note: If a TIN has not been established for	the estate, the redemption will be processed using the TIN currently listed on the account
Signature(s) of Executor, Trustee, or recip	ient of the proceeds:
Signature and Title, if applicable (Executor, Truste	Social Security Number of recipient
Print Name	Tax ID Number of Estate or Trust
Signature and Title if applicable (Everyter Trust	
Signature and Title, if applicable (Executor, Truste	 
Print Name	

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## 5. Signature and Medallion Guarantee of Authorized Person

To authorize the redemption, the current owner(s), surviving owner, TOD Beneficiary, Legal Representative(s), Trustee(s), or Affiant **must** sign below, including any capacity (i.e., John Smith, Executor).

Note: An **original** STAMP2000 Medallion Guarantee ("MSG") is **not** required if you provide a certified death certificate for the deceased owner and you are the surviving owner of a joint tenant with rights of survivorship account, and the redemption check is made payable to you and mailed to the address of record, which has not been changed in the past 30 days. All other redemptions require an original MSG.

If you were a TOD beneficiary on the former account, by signing below yo no known disputes as to the persons entitled to a distribution under the non-person and no known claims that would affect the distribution requested.	ou also certify that: under penalty of perjury, there are robate or the amounts to be distributed to each person,
Signature and Title (if applicable) of owner, surviving owner, TOD Beneficiary, Executor,	Trustee, or Affiant Date
Phone Number	
Signature and Title of co-Executor or co-Trustee	Date
Phone Number	
If an <b>original</b> MSG is required, please contact the guarantor <i>in advance</i> to confirm signature and document requirements. An MSG is designed	Original Medallion Guarantee
to protect the account from fraud and may be obtained from any of the following institutions:	
■ bank or trust company;	
savings association;	
■ credit union; or	
■ broker dealer or securities exchange member	

Signature verification by a notary public is not an acceptable substitute.

## 6. Mailing Instructions

Please mail this form and any other documentation to The Federated Hermes Funds.

Regular Mail: Overnight Delivery:

P.O. Box 219318 430 W 7<sup>th</sup> Street, Suite 219318 Kansas City, MO 64121-9318 Kansas City, MO 64105-1407